

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000166360

1. Limited Liability Company's Name

Ang Enterprises LLC

2. Principal Office Address - No P.O. Box #
2899 Collins Avenue

Suite, Apt. #, etc.
Unit 1210

City & State
Miami Beach, Florida

Zip Country
33140 USA

3. Mailing Office Address
2899 Collins Avenue

Suite, Apt. #, etc.
Unit 1210

City & State
Miami Beach, Florida

Zip Country
33140 USA

8. Name and Address of Current Registered Agent

Name
Dwight De Oliveira

Street Address (P.O. Box Number is Not Acceptable) Suite,
2899 Collins Avenue

Apt. #, Etc.
Unit 1210

City State Zip Code
Miami Beach FL 33140

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Dwight De Oliveira
REGISTERED AGENT MUST SIGN

Date April 3, 2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MP	Dwight De Oliveira	2899 Collins Avenue, Unit 1210	Miami Beach, Florida 33140

11. E-mail Address: empinc305@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Dwight De Oliveira

Date

April 3, 2018

Daytime Phone #

954-716-1600

Typed or printed name of signing authorized representative/member

Dwight De Oliveira

FILED
2018 APR 17
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